



TEMPORARY EMPLOYMENT AGENCY ERRORS & OMISSIONS APPLICATION

APPLICANT NAME:	
BUSINESS NAME:	
MAILING ADDRESS:	
INSURED ADDRESS:	<input type="checkbox"/> Same as above
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> For Profit <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other: _____	

1. **Full description of services rendered.** Coverage will only apply to disclosed premises and operations. Attach all brochures and promotional materials and contracts:

2. Provide full names of individual and partners: _____

3. Date your company was established: _____

4. Receipts for last 12 months: \$ _____

Receipts for next 12 months: \$ _____

5. Describe qualifications, experience, screening and training of employees: _____

6. Do you or are you:

- | | |
|--|--|
| a) Engaged in any other professional activities not listed above? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b) Have ownership in other entities not listed? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c) Is your firm engaged in construction, fabrication or production activities? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d) Do any of your employees hold professional licenses or certifications? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| e) Utilize subcontractors? | <input type="checkbox"/> No <input type="checkbox"/> Yes |

If your answer is YES to any of the above, please attach a separate sheet giving full details and explanation.

Please furnish details of your five largest jobs in the last 5 years:

<u>Client</u>	<u>Details of Job</u>	<u>Gross Receipts</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

7. Does the applicant utilize a formal written Quality Assurance & Risk Management Program? No Yes
 If no, explain. _____
 Is the overall responsibility for Risk Management assigned to one individual in your firm? No Yes
 If yes, explain. _____
 If no, how these functions are monitored? _____

8. Indicate the following number of staff and percentage of receipts from placement:
 Description of *employees or contracted* personnel:

THIS SECTION MUST BE COMPLETED

TEMPORARY AGENCIES	Number of Employees	Number of Contractors	Receipts for the Last 12 months	Receipts for the Next 12 months
Clerical				
Professional				
Trade				

For any professional/trade staff placed, please provide a description of the type of specialty: _____

EXECUTIVE SEARCH SERVICES	Last 12 months	Next 12 months
Number of Engagements		
Average Salary Level of Placement		
Trade		

13. Are employees/contractors references contacted before hired/placed? No Yes
 How are references checked? Written Verbal Both
 If verbal only, please explain: _____
 Do you question prospective employees as to any criminal record? No Yes
 Do you verify certification and/or professional licensure status of employees and independent contractors? No Yes
 Are employees screened to rule out drug, alcohol and/or sexual abuse? No Yes
14. Your premium is adjustable based on your total receipts. Our auditor will verify your total receipts.
 Provide number of contact person: (_____)

(continued)

15. Has applicant had previous insurance for this enterprise? No Yes

If YES, please complete the following:

Insurance Company _____

Policy Period _____ to _____

Limits of Liability _____

Premium \$_____ Type of Coverage: Occurrence Claims Made

Current Gen. Liability Carrier _____

Limits requested: 100/100 300/300 500/500 1/1 1 / 2 1/3

16. During the past five (5) years, have any claims been presented to your current or prior insurance carrier or to you? No Yes

If YES, please provide full details (Include description of claim, amounts paid, and reserves: _____

17. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? No Yes

If YES, please provide full details (Include description of claim, amounts paid, and reserves: _____

18. Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy canceled, or non-renewed in the past five (5) years? No Yes

If YES, please provide full details (Include description of claim, amounts paid, and reserves: _____

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Applicant's Signature ****Must have signature to quote***

Title: _____

Date: _____